CLAIMS ONLY

Application Number	Filing Date
10633664	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
~~2~~							52						
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5	1						55						
6		1					56						
7		1					57						
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9	1						59						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	2						Total Depend						
Total Claims	5						Total Claims						